



## RECORD CHANGE REQUEST

1. Fill in the back of this card as required.
2. Below; fill in the reason for the change, sign and date, and either mail to:

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF MOTOR VEHICLES  
10 HAZEN DRIVE  
Concord, NH 03305-0999

Or bring to any New Hampshire Motor Vehicle Licensing station.

REASON FOR CHANGE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

(Signed under penalty of unsworn falsification pursuant to RSA 641:3)

DSMV 30 (Rev.04/97)

## RECORD CHANGE REQUEST

1. INDICATE CHANGE DESIRED: ☐ NAME ☐ ADDRESS ☐ BOTH ☐ OTHER \_\_\_\_\_

To change name, date of birth, sex, social security number or FEID, please submit this card with appropriate official supporting documents.

2. PRINT OR TYPE INFORMATION AS IT NOW APPEARS ON YOUR CURRENT DOCUMENTS:

DATE OF BIRTH MO DAY YEAR			SOCIAL SECURITY OR FEID		NAME (LAST, FIRST, MI)	
MAILING ADDRESS			CITY		STATE	ZIP
LEGAL ADDRESS			CITY		STATE	ZIP

PRINT OR TYPE ONLY NEW OR CHANGED INFORMATION: (Note that this request will change data on all divisional records (Registration, Driver License, Title, etc.) and should be filed for **permanent** changes only.)

NAME (LAST, FIRST, MI)						
MAILING ADDRESS			CITY		STATE	ZIP
LEGAL ADDRESS			CITY		STATE	ZIP
HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR	SEX	DATE OF BIRTH MO DAY YEAR	SOCIAL SECURITY OR FEID